

# NORTHAMPTON SENIOR CITIZEN DISCOUNT FORM

Comcast offers a \$2.00 discount on the Standard Cable level of service

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

**PLEASE PROVIDE PROOF OF ELIGIBILITY** - one item from each lettered box (A, B & C)

**A**

**67 years of age**

☐

copy of MA  
drivers license

☐

copy of birth  
certificate

+

**B**

**Head of Household**

☐

copy of utility  
bill

☐

copy of tax  
bill

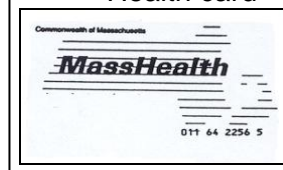
+

**C**

**Medicaid Eligible  
SSI Eligible**

☐

copy of Mass  
Health card



OR

**C**

**Senior Citizens  
receiving fuel  
assistance benefits**

☐

copy of fuel  
assistance  
benefit  
certificate or  
receipt

The undersigned hereby states that he/she is a "Head of Household" and age sixty-seven (67) or older who is also Medicaid or SSI eligible or receiving Massachusetts fuel assistance.

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

PLEASE RETURN ONE COPY TO:

**Comcast  
Box 6505  
Chelmsford, MA 01824-0905  
ATTN: Discount Dept.**

*For office use only*

effective date \_\_\_\_\_

representative's initials \_\_\_\_\_